



Woodring College of Education

*Preparing outstanding teachers, educational leaders, human
service professionals, nurses and rehabilitation counselors.*

QUARTERLY SIGN-OFF SHEET

DAILY LOG
Initial Superintendent's Certificate Program

Intern's Name: _____
(Please print legibly)

Intern's W#: _____

Intern's Signature: _____ Date: _____
(To the best of my knowledge this information is accurate.)

Superintendent's Signature: _____ Date: _____
(To the best of my knowledge this information is accurate.)

School District: _____

Fall Quarter Hours Logged Fall Quarter: _____ Year: _____

Winter Quarter Hours Logged Winter Quarter: _____ Year: _____

Spring Quarter Hours Logged Spring Quarter: _____ Year: _____

Fall Quarter Hours Logged Fall Quarter: _____ Year: _____

Winter Quarter Hours Logged Winter Quarter: _____ Year: _____

Spring Quarter Hours Logged Spring Quarter: _____ Year: _____

(Please check appropriate Quarter and indicate number of hours logged for quarter.)

Total Hours Logged to Date: _____